

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018046

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 583

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117

2-2-52

3

4 1

5 2

6

7 1

8 2

9/20/1

10

11

12 2-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

J.P. Mabrey, M.D. MEDICAL CERTIFICATION

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

1 wk.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Methodist Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clinton

c. CITY

OR

TOWN

Sathrop

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Minnie

Middle B.

Last Bayless

4. DATE
OF
DEATH

Month May

Day 21

Year 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/31/1879

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

Greencastle Penna

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel Shafner

13b. MOTHER'S MAIDEN NAME

Margaret Miller

14. NAME OF HUSBAND OR WIFE

C.D. Bayless

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) ☒ No ☒ Yes ☒ Unknown ☒

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Clay Kindred Sathrop Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

4 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis of Coronary

4-5 yrs.

DUE TO (c)

Generalized Arteriosclerosis

4-5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Diverticulosis of Colon

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 16, 1954 to May 21, 1962 and last saw her alive on May 21, 1961
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John P. Mabrey M.D.

22b. ADDRESS

Plattsburg, Mo.

22c. DATE SIGNED

5-21-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/23/1962

23c. NAME OF CEMETERY OR CREMATORY

Sathrop Cemetery

23d. LOCATION (City, town, or county)

Sathrop, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyon Funeral Home, Plattsburg, Mo.

25. DATE RECD. BY LOCAL REG.

May 22, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Gardell

USE BLACK INK

OR

TYPEWRITER RIBBON

JAN 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip E. Cox

Licensed Embalmer No.

4993

P. O. Address

Placerville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.